(Print Name of lobbyist)

# STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 27 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

### PLEASE PRINT

I. Name of Lobbyist(s) Joel	Maiola		•		DEPARTMENT OF
II. Name of lobbyist's partners	hip, firm or co	rporation, if any	<b>/:</b>		<del></del>
McLane Middleton Gover	nment & Pu	blic Strate	gies, LLC		
	rship, firm or cor		•		<del></del>
900 Elm Street, P.O. H	30x 326	Mancheste	r	NH	03105-0326
Business Address: (Street)	<u> </u>	(Town/City)		(State)	(Zip Code)
(603) 628-1485	(603)	625-5650	e-ma	lioel.mai	iola@mclanegps.com
(Telephone)	(333)_	(Fax)		., <u>.,</u>	
III. This statement covers: (Ch reportable expense transaction  All reportable transactions of	s which are no	t attributable to	any one client)		
-	-	<b>F</b>			3
Well Sense Health Plan (Full Nam		ppears on the Lobb	yist Registration	Form)	<del></del>
<u>OR</u>		••	,		
☐ All reportable transactions by unrelated to any particular client.		cluding the lobby	yist's family), o	the lobbying	firm listed below which are
IV. Date of Report April 25, 2018  Reports cover: activity from date of registration		to 3/31/18	July 25, 2018 🕱 activity from 4/1/18 to 6/30/18		
•	· 31, 2018 🗌 m <i>7/1/18 to 9/30/</i>	18	January activity from 10	30, 2019 🗌 VI/18 to 12/31/	18
V. There have been no fees of this box is checked, complete j Concord, NH 03301.					
VI. Check if additional reports	are attached:				
If you have received fees or		res, you must file	Addendum A	- Fees and Ex	rpenses
☐ If you have paid an honorari Expense Reimbursement		•			
☐ If you, your firm, or your far	mily has made p	olitical contribut	ions, you must	file Addendu	m C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my k  (Signature of lobbyist)	RSA 14-C and	RSA 664 and her pelief.		firm that the f	
Joel Maiola					

# STATE OF NEW HAMPSHIRE



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Joel Maiola		
11. Name of lobbyist's partnership, firm or corporation, if any:		
McLane Middleton Government & Public Strategies, LLC (Name of partnership, firm or corporation)		
III. Name of Client Well Sense Health Plan	Date _	7/28/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, o	or public relations servic
a) Total of all fees received in this reporting period	a) \$	24,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)		24,000.00
c) Total of all fees received to date (Add lines a and b)	c) \$	48,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if nay be filed aggregate spenses; (b) e: meals put ss than \$10 d with a valuating period the of greate or than \$25, expense re	expenditures are made d for the lobbyist(s)/fir- total of all expenses pa the aggregate total of a archased during a busine that is given to the pers- lue of \$25.00 or less); a d of greater than \$25.00 for than \$25, purchase of but not greater than \$5 eimbursement, or politic
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$	24,000.00
in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	24,000
e) Total of expenses paid this calendar year, prior to this reporting	ng period e) \$	24,000
(This should be the amount on line f of addendum A for last mo		
f) Total of all expenses year to date	f) \$	48,000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$2, period, including by whom paid or to whom charged.	5 made from lobbying fees dur	ing this repo
Paid to:	Amount:	
	\$	
	<u> </u>	
<del> </del>		
	<u> </u>	
	s	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby s	wear or affirm that the foreg	oing inform
is true and complete to the best of my knowledge and belie	f.	
	7/23	-/K
(Signature of lobbyist)	(Date	:)
Joel Maiola		
(Print Name of lobbyist)		

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